

**STATEMENT IN LIEU OF SETTLEMENT OF  
ACCOUNT FOR DECEDENT'S ESTATE  
PURSUANT TO VIRGINIA CODE § 26-20.1  
COMMONWEALTH OF VIRGINIA**

Court File No. \_\_\_\_\_

Circuit Court of York County

Estate of \_\_\_\_\_, Deceased.

Date of death: \_\_\_\_\_ Decedent died: ☐ with ☐ without a will.

Name of fiduciary: \_\_\_\_\_

Name of other fiduciary: \_\_\_\_\_

Name of other fiduciary: \_\_\_\_\_

Name of other fiduciary: \_\_\_\_\_

**STATEMENT UNDER OATH**

Before me, the undersigned authority, on this day personally appeared the undersigned affiant(s) who, after being placed under oath by me, stated as follows:

[Check the applicable alternative in Part 1.]

1. ☐ That the above-named Decedent died without a will, that I/we am/are the only distributee(s) of the Decedent's estate, and that I/we serve as personal representative(s) of the estate,

or

☐ That above-named Decedent died with a will, that I/we am/are the only residuary beneficiary(s) of the Decedent's estate, and that I/we serve as personal representative(s) of the estate,

2. That all known charges against the Decedent's estate have been paid, and

3. Specific bequests in Will distributed to (attach receipts):

**NAME**

**DESCRIPTION OF BEQUEST**

NAME	DESCRIPTION OF BEQUEST
_____	_____
_____	_____
_____	_____

4. That six months have elapsed since the personal representative(s) qualified in the Clerk's Office.

5. That the residue of the estate has been delivered to the distributees or beneficiaries.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Commonwealth of Virginia: \_\_\_\_\_

Commonwealth of Virginia: \_\_\_\_\_

City/County of \_\_\_\_\_

City/County of \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Public \_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

My commission expires \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Commonwealth of Virginia: \_\_\_\_\_

Commonwealth of Virginia: \_\_\_\_\_

City/County of \_\_\_\_\_

City/County of \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Public \_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

My commission expires \_\_\_\_\_